Volume 2, Number 5
September, 2006

Northeast CAPT News Update

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IN THIS ISSUE

VOICES FROM THE FIELD

18- to 25-Year-Olds: The Forgotten Years?

Young adults, particularly men and women ages 18 to 25, have long been recognized as a population at high-risk for alcohol and other drug use. According to alcohol policy specialist James Mosher, "Young adults constitute a demographic group most likely to be heavy drinkers, most likely to adopt high-risk drinking practices, most likely to drink in high-risk settings and… most likely to suffer serious, acute alcohol problems."[1] Yet despite these documented problems, relatively few prevention interventions have been developed for young adults in this age group, and those that have often fail to reach those individuals most at risk.

Fortunately, the prevention climate is changing. With the introduction of SAMHSA's Strategic Prevention Framework (SPF), states and communities are encouraged to expand their prevention focus to include individuals across the lifespan, and to target their efforts on those populations which suffer the greatest *consequences* of alcohol and drug use. This has resulted in more prevention dollars going toward some traditionally overlooked populations, including young adults ages 18 to 25.

What does alcohol and drug use consumption look like for this group?
According to the 2004 National Survey on Drug Use and Health, 18 to 25 year olds, when compared to other age groups, have the highest prevalence of binge* drinking, heavy drinking, and illicit drug use (41.2 percent, 15.1 percent, and 19.4 percent, respectively). Sixteen percent of young adults in this age group reported using marijuana, 6.1 percent reported using prescription drugs (nonmedically), 2.1 percent reported using cocaine, and 1.5 reported percent using hallucinogens. [2]

These usage rates contribute to a variety of serious problems. Approximately 20.2 percent of 18- to 20-year-olds and 28.2 percent of 21- to 25-year-olds reported driving under the influence of alcohol, and 18 to 25 year-olds have the highest rates of drinking and driving and alcohol-related traffic accidents and fatalities.[3]

Why is this group especially vulnerable to alcohol and drug use?
According to James Mosher, young adults exhibit certain characteristics that make them vulnerable to use. For example:

- They tend to be risk takers—leading to high rates of alcohol-related motor vehicle accidents and violence.
- They tend to be skeptical of institutions and cynical about government participation. Alcohol consumption can be a response to this sense of alienation, or represent an act of rebellion.
- They are susceptible to the influences of the dominant culture, which often promotes alcohol and drug use as acceptable behavior.[4]

Where can this group be reached?
Traditionally, alcohol and drug education, prevention, and intervention programs have targeted young adults in high school and college settings. But not all young adults remain in high school or go on to college, and those young adults not in school tend to be at highest risk for drug and alcohol use.

Drug use correlates closely with education: the more education one has, the less likely one is to use illicit drugs. According to the 2004 National Survey on Drug Use and Health, 8.6 percent of high school dropouts reported using drugs, compared to 7.8 percent of high school graduates and 5.6 percent of college graduates.[5] Illicit drug use is highest among high school graduates with little to no college and high school dropouts. Yet these groups are not reached through college-based drug and alcohol prevention programs.

So how do we reach this group? One option is to target the workplace. We know that most young adults not in college are in the workforce. According to the Bureau of Labor Statistics, 49 percent of 18 and 19-year-olds and 68 percent of 20- to 24-year-olds are employed.[6] We also know that an estimated 16.4 million people over the age of 18 used illicit drugs in 2004. Of that group, nearly three-quarters are employed either full or part-time. [7] Furthermore, workers age 18 to 25 were actually twice as likely to engage in illicit drug use and/or heavy drinking compared to their older coworkers.

Why should employers care?
Companies have an important stake in reducing alcohol and drug use among employees. Workforce drug use is associated with accidents, absenteeism, turnover, job withdrawal and other factors reducing productivity. In 2002, the estimated societal cost of drug abuse was $180.8 billion with $128.6 billion in productivity losses.[8] Workplace-based programs have the potential to both improve worker health and improve productivity.

What can employers do?
Historically, workplace alcohol and drug prevention approaches have focused on Employee Assistance Programs (EAP) and/or employee drug testing. These programs traditionally focused on helping the employee enter drug treatment or counseling programs. EAPs and drug testing are still being used today, but some prevention programs are also trying to change the workplace culture.[9] These efforts have been limited, for fear of stigmatizing workers or interfering in workers personal lives. However, there is great potential for adapting successful workplace initiatives and strategies targeting other health concerns—such as tobacco cessation, chronic disease prevention, healthy weight, or worker safety programs, to the workplace—to address substance use prevention.

**Binge drinking- Five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) at least once in the past 30 days.*

For more information on this topic please contact CSAP's Northeast CAPT at capt@edc.org

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RESEARCH UPDATE

Early Drinking Linked to Higher Lifetime Alcoholism Risk

Data from a survey of 43,000 U.S. adults heighten concerns that early alcohol use, independent of other risk factors, may contribute to the risk of developing future alcohol problems. Those who began drinking in their early teens were not only at greater risk of developing alcohol dependence at some point in their lives, they were also at greater risk of developing dependence more quickly and at younger ages, and of developing chronic, relapsing dependence. Among all respondents who developed alcoholism at some point, almost half (47 percent) met the diagnostic criteria for alcohol dependence (alcoholism) by age 21. The study appears in the July issue of *Archives of Pediatrics & Adolescent Medicine,* Volume 160, pages 739-746.

Excerpt from NIAAA press release:
http://www.niaaa.nih.gov/NewsEvents/NewsReleases/earlydrinking.htm

Prevalence and Distribution of Alcohol Use and Impairment in the Workplace: A U.S. National Survey

Although much research has explored overall alcohol use in the workforce, little research has explored the extent of alcohol use and impairment in the workplace. Workplace alcohol use and impairment directly affect an estimated 15% of the U.S. workforce (19.2 million workers). Specifically, an estimated 1.83% (2.3 million workers) drink before work, 7.06% (8.9 million workers) drink during the workday, 1.68% (2.1 million workers) work under the influence of alcohol, and 9.23% (11.6 million workers) work with a hangover. The results also suggest that most workplace alcohol use and impairment occur infrequently. The distribution of workplace alcohol use and impairment differs by gender, race, age, marital status, occupation, and work shift. Workplace alcohol use and impairment are prevalent enough that additional research should focus on their causes and impact on employee productivity. Moreover, clear policies should be in place regarding alcohol use and impairment at work. But despite management's responsibility for the development and enforcement of such policies, managers report elevated rates of consuming alcohol during the workday, working under the influence of alcohol, and working with a hangover.

Source: Frone, MR (2006). Prevalence and distribution of alcohol use and impairment in the workplace: A U.S. national survey. *Journal of Studies on Alcohol, 67*(1), 147-156.

Preventing Alcohol and Other Drug Problems in the Workplace

Alcohol is the most commonly used drug in industrialized societies and is likely to cause the most problems in the workplace. Men most at risk work in male-dominated blue-collar occupational groups and in the hospitality industry. Women, at greatest risk, work in competitive occupations. The highest risk category of employee is a young male with low self-esteem and an arrest history, who has family and friends with AOD problems. A stressful work environment, poor supervision and easy availability also contribute to problematic use. The main productivity loss due to AOD use is absenteeism, although job performance also suffers. The cost of AOD use to business is consistently high, which suggests that effective interventions will produce substantial cost benefit. The less structured and more demanding working life of the twenty-first century is putting greater stress on workers and this is likely to have ramifications for AOD use and related work problems. Optimum outcomes are likely to be obtained by tailoring responses to the workplace, where location, size, history, culture, workforce and type of the work are all factors that need to be considered. Performance management, with well-articulated occupational health and safety objectives, is likely to provide the best basis for an effective workplace AOD program.

Source: Midford, R, Welander, F, and Allsop, S. (2005). Preventing alcohol and other drug problems in the workplace. In Stockwell, Tim (Ed); Gruenewald, Paul J. (Ed); Toumbourou, John W. (Ed); Loxley, Wendy (Ed), New York, NY, John Wiley & Sons Ltd.

The Effects of a Worksite Chronic Disease Prevention Program

This study determined the behavioral and clinical impact of a worksite chronic disease prevention program. Working adults participated in randomized clinical trial of an intensive lifestyle intervention. Nutrition and physical activity behavior and several chronic disease risk factors were assessed at baseline, 6 weeks, and 6 months. Cognitive understanding of the requirements for

a healthy lifestyle increased at the end of the program. Program participants significantly improved their cognitive understanding of good nutrition and physical activity and had significantly better nutrition and physical activity behavior at both 6 weeks and 6 months. Participants had significantly lower body fat, blood pressure, and cholesterol.

Source: Aldana, SG, Greenlaw, RL et al. (2005). The effects of a worksite chronic disease prevention program. *Journal of Occupational and Environmental Medicine. 47*(6), 558-564.

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